

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10748772 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
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13						
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16						
17						
18						
19						
20						
21						
22						
23	1					
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		5				
TOTAL CLAIMS	1	5				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						